

National Emergency Medical Services Advisory Council

September 9-10, 2014

Executive Meeting Summary

The National Emergency Medical Services Advisory Council (NEMSAC) met on September 9-10, 2014, at the Performance Institute, at 901 New York Avenue NW, Washington, D.C.

Members in Attendance: Katrina Altenhofen, Roger Band, Leaugeay Barnes, Harris Blackwood, Manuel Chavez, Arthur Cooper, Carol Cunningham, Dennis Eisnach, Thomas Esposito, Kyle Gorman (Vice Chair), Thomas Judge, David Lucas, James McPartlon, Nick Nudell, Daniel Patterson, Aaron Reinert (Chair), John Sinclair, Scott Somers, Gary Wingrove

Federal Representatives in Attendance: Drew Dawson, Designated Federal Official, Department of Transportation, Edward Gabriel and Gregg Margolis, Department of Health and Human Services, Rick Patrick and Ray Mollers, Department of Homeland Security

Approval of Previous Meeting Minutes, Disclosure of Conflicts

A motion to approve the minutes of the previous NEMSAC meeting (April 23-24, 2014) was carried with a unanimous vote. Drew Dawson asked the members to disclose any real or potential conflicts of interest. A few of the members cited appointments to boards and the receipt of grants by their organizations from federal agencies.

Federal Liaisons Update

Department of Transportation (DOT). Mr. Dawson reported that the DOT has been working with the Centers for Disease Control and Prevention (CDC) and other federal agencies to develop guidance for EMS to address Ebola patients. The DOT's Pipeline and Hazardous Materials Safety Administration is developing new plans and activities regarding the packaging and transport of medical waste. In addition, a variety of new DOT funding awards will be announced soon.

NEMSAC members are appointed to serve terms of two years and shortly the DOT, along with DHS and HHS, will place a notice in the Federal Register, soliciting applications for new NEMSAC members. Applications will be due by December 1 and will undergo review in March and April 2015. The Secretary of Transportation will appoint 25 members to the council.

Department of Homeland Security (DHS). Rick Patrick stated that, in recent months, the DHS has been engaged in activities on the southwestern U.S. border, for example, handling health matters of recent immigrants or illegal aliens. DHS has a National Biosurveillance Integration Center for monitoring the potential harm to health from threats such as Ebola and it has been observing

travelers to the United States. The department is partnering with the CDC to develop state pilot programs for delivering anthrax vaccines for first responders and to inform decisions about deploying a voluntary anthrax vaccine program. Regarding active shooter situations, the department has been developing a document featuring topics such as hemorrhage control, personal protective equipment, and interoperability. The National Association of State EMS Officials (NASEMSO) recently completed a solutions document on domestic preparedness as well as the EMS interstate licensure compact (both under DHS contracts).

Department of Health and Human Services (HHS). Edward Gabriel noted more than a dozen HHS-funded projects related to EMS. The HHS is linking some of those projects to the strategic plan of the Federal Interagency Committee on EMS (FICEMS). The department seeks to make projects practical and operational. It seeks greater visibility for EMS activities. It is supporting progress in, for example, the storage of freeze-dried plasma and the use of small ventilators that can operate for many hours with battery support. It has developed, with the CDC and the Office of the Assistant Secretary of Preparedness and Response, recommendations for preparedness and action for emergencies such as Ebola. The HHS's Centers for Medicare & Medicaid Services is funding studies of models for delivering and paying for health care, is addressing outpatient settings, populations with special needs, and specific providers and suppliers, and is considering EMS.

The FICEMS Strategic Plan

Noah Smith, of NHTSA, reviewed the structure and operations of FICEMS, which was created by Congress in 2005 to “ensure coordination among the federal agencies involved with state, local, tribal, and regional EMS and 911 systems.” The committee comprises representatives of 10 federal agencies and one state EMS director. It features a technical working group with subcommittees and consultation by the NEMSAC. The technical working group has been addressing the topics of preparedness, evidence-based guidelines, data standardization, and the credentialing of veterans. Most recently, it developed the new FICEMS strategic plan to codify common goals across departments, to insure that the committee's work is complementary, and to drive that work. Mr. Smith provided an overview of the plan, including the six goals and 30 objectives for coordinated Federal action. The plan is available for download at www.EMS.gov/FICEMS/plan.htm.

Strategic National Stockpile (SNS) and Healthcare Preparedness Activity

Captain Deborah Levy, director of the strategic national stockpile (SNS) at the Centers for Disease Control and Prevention (CDC), presented an overview of the SNS and described CDC activities in health care preparedness. The CDC is involved in the EMS arena in various ways, for example, through its National Center for Environmental Health, the Agency for Toxic Substances and Disease Registry and its National Center for Injury Prevention and Control. The SNS is a repository of antibiotics, chemical antidotes, antitoxins, vaccines, antiviral drugs, and other medical materiel designed to supplement and re-supply state and local public health agencies when emergencies occur. Each state has plans to receive and distribute rapidly to local communities SNS medicines and medical supplies. The CDC also can provide support teams. Since 2011, a health care preparedness program has been part of the SNS. Its vision is to ensure that health care systems effectively prepare

for and respond to emergencies. It supports public health, health care, and emergency management working together to deliver the right care at the right time in the right place.

Subcommittee Presentations and Discussions

Health Care Reform. Gary Wingrove reported that his subcommittee decided on a number of small changes to its draft advisory report on community paramedicine and mobile integrated health care. In particular, the group strengthened the advisory's recommendation to convene a national stakeholder consensus conference to discuss the issues. The NEMSAC members voted to move the advisory document to interim status.

EMS Education Agenda for the Future. Arthur Cooper reported that his subcommittee discussed and made additional small revisions to recommendations on the Education Agenda for the Future. A number of suggestions that fell outside the subcommittee's purview were placed in a "parking lot" document. The subcommittee members will receive the newly updated draft Education Agenda document, with the small changes, within a couple of weeks. It will be circulated to the NEMSAC members and stakeholders during November. Subcommittee conference calls will be held if needed. The document will be presented at the December NEMSAC meeting for a final vote by the Council.

FICEMS Strategic Plan. Kyle Gorman reported that his subcommittee members ranked the FICEMS objectives and sorted them as potentially short-term or long-term. They suggested objectives that might be implemented concurrently and proposed a 5-year period for revising the FICEMS plan, perhaps with annual updates relating to progress and with midterm reviews. As for additional stakeholders to be addressed in the strategic plan, the subcommittee proposed that FICEMS perform outreach, with the NEMSAC helping to identify such stakeholders based on responses. The subcommittee will present its letter with results to the NEMSAC members at the December NEMSAC meeting for review and input before forwarding it to the FICEMS.

Public Comment

Dia Gainor, Executive Director of NASEMSO, asked for any news on plans for a possible EMS data agenda for the future. Mr. Smith stated that FICEMS has discussed that topic and recommended that the EMS Agenda for the Future be updated with emphases on data-driven approaches (as opposed to creating a separate new agenda based on data alone). Ms. Gainor reported that the project to develop a licensure interstate compact has been concluded and the legislation document is in final form. It will be distributed to all states with the hope that it will be considered as legislation to be signed by each governor.

Don Lundy, President of the National Association of Emergency Medical Technicians (NAEMT), expressed enthusiasm for NEMSAC's plan to consider data aspects. He encouraged the council to be visionary, noting that community paramedicine has not been strictly defined but is pushing the boundaries in a good way. He supported the movement toward associate degrees for all paramedics.

Discussion of Emerging Issues

The NEMSAC members cited emerging issues that they might consider in the future, including the following:

- The issue of trauma centers that do not treat the uninsured. Their numbers are growing, and they can harm financially the centers that treat the uninsured (safety-net hospitals).
- The training and placement of skilled biostatisticians and experts in econometrics.
- Updating the EMS vision for the future.
- Developing an EMS program for the elderly that parallels the program for children.
- The potential lack of federal money for EMS in the future.
- Issues of EMS financing and the closing of hospitals.
- Emerging technologies (such as 311 programs) and their adoption by communities.
- Revising the EMS agenda for the future.
- The need for systems to be prepared for disasters.